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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Brian Fitzpatrick for All of Us PO Box 939 ADDRESS (number and street) (Check if address is changed) Langhorne 19047 PΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@campaignfinancial.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) brianfitzpatrick.com (Check if address is changed) DATE 2021 C00607416 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Maye, Elaine, , , Type or Print Name of Treasurer Maye, Elaine,,, [Electronically Filed] 09 15 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FEC I	Form 1 (Revised 02/2009) Page 2
	COMMITTEE
	This committee is a principal compaign committee (Complete the condidate information below)
(a) *	This committee is a principal campaign committee. (Complete the candidate information below.)
(b) Name of	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Fitzpatrick, Brian, , ,
Candidate	
Candidate Party Affili	ation REP Office State President 01
	District District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	ommittee: (National, State (Democratic,
(d)	This committee is a or subordinate) committee of the Republican, etc.) Par
Political	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
	Corporation Corporation w/o Capital Stock Labor Organization
	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or par committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fu	ndraising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Co	ommittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4	

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	r age c
Brian Fitzpatrick for All of Us	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
.Team,Fitz	
· 9 · 10 · 10 · 10 · 10 · 10 · 10 · 10 ·	
PO Box 30844 Mailing Address	
Bethesda	0824
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative	Leadership PAC Sponsor
Total of San Police Communities of San Polic	
7. Custodian of Records: Identify by name, address (phone number optional) and position of the persor books and records.	ı in possession of committee
Campaign, Financial Services, , ,	
Full Name PO Box 30844	
Mailing Address	
Bethesda 2	20824
Title or Position CITY STATE	ZIP CODE
Record Keeper 301 Telephone number	
 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and any designated agent (e.g., assistant treasurer). 	the name and address of
Full Name Maye, Elaine, , , of Treasurer	
Mailing Address 104 Tulip Road 104 Tulip Road	
Southampton PA 11	8966
CITY STATE	ZIP CODE
Title or Position Treasurer 215 Telephone number	

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE ZIF	P CODE
Title or Position		
	Telephone number	
Name of Bank, De	Eagle Bank	
Name of Bank, De	epository, etc.	
Name of Bank, De	Eagle Bank 2001 K Street Northwest Washington DC 20006	
Name of Bank, De	Eagle Bank 2001 K Street Northwest Washington CITY STATE ZII	
Name of Bank, De Name of Bank, De	Pepository, etc. Eagle Bank	
Name of Bank, De Name of Bank, De	Eagle Bank 2001 K Street Northwest Washington CITY STATE ZII	
Name of Bank, De Name of Bank, De	Eagle Bank 2001 K Street Northwest Washington CITY STATE ZII Wells Fargo Bank	
Name of Bank, De Mailing Address Name of Bank, De	Eagle Bank 2001 K Street Northwest Washington CITY STATE ZII Wells Fargo Bank	
Name of Bank, De Mailing Address Name of Bank, De	Eagle Bank 2001 K Street Northwest Washington CITY STATE ZII Wells Fargo Bank	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(a)	or(h). Joint Fundraisin	o Participant:		
(0)	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Take Back the Ho	ouse 2022		
	Mailing Address	PO Box 30844		
		Bethesda	MD MD	20824
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number - optional)		
8.	Designated Agent: Identify Full Name	y by name, address (phone number – optional)		
8.		y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A		ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
 8. 9. 	Full Name Mailing Address TITLE OR POSITION	CITY A	lephone Number	
	Full Name Mailing Address TITLE OR POSITION	CITY Te ries: List all banks or other depositories in which to	lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail	CITY Te ries: List all banks or other depositories in which to	lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Chain	CITY CITY Te ries: List all banks or other depositories in which taintains funds.	lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main the safety deposit boxes or main the safety depository, etc.	CITY CITY Te ries: List all banks or other depositories in which taintains funds. Bridge Bank	lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main the safety deposit boxes or main the safety depository, etc.	CITY CITY Te ries: List all banks or other depositories in which taintains funds. Bridge Bank	lephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) c	or(h). Joint Fundraisin	g Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	2022 PHASE 1 PA	ATRIOT DAY JFC		
	Mailing Address	228 S. WASHINGTON STREET		
		SUITE 115		
		ALEXANDRIA	VA I	22314
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	Fundraising Represent	ative Leadership PAC Sponsor
8.		by name, address (phone number – optional)		
8.	Designated Agent: Identify	by name, address (phone number – optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.	Designated Agent: Identify Full Name	CITY	STATE A	ZIP CODE A
8.	Designated Agent: Identify Full Name Mailing Address	CITY A		
9.	Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	CITY CITY Tele ies: List all banks or other depositories in which the intains funds.	STATE ▲ ephone Number	ZIP CODE 🛦
	Pull Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Pulton Depository, etc.	CITY CITY Tele ies: List all banks or other depositories in which the intains funds. Bank	STATE ▲ ephone Number	ZIP CODE 🛦

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

n). Joint Fundraisi r	g Participant:			
1			FEC ID number	C
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
ame of Any Connected	Organization, Affiliated	Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
Mailing Address				
Relationship:		CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affilia	ted Committee Joi	int Fundraising Representa	ative Leadership PAC S
			int Fundraising Representa	ative Leadership PAC S
			int Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif			int Fundraising Representa	Leadership PAC S
esignated Agent: Identif			int Fundraising Representa	Leadership PAC S
esignated Agent: Identif	by name, address (pho	ne number – optional)		
esignated Agent: Identify Full Name Mailing Address	by name, address (pho			
esignated Agent: Identif	by name, address (pho	ne number – optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	ries: List all banks or oth	ne number – optional)	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor detay deposit boxes or material depositions. Truist epository, etc.	ries: List all banks or oth	ne number – optional) CITY ner depositories in whice	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name	ries: List all banks or oth	ne number – optional) CITY ner depositories in whice	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor detects deposit boxes or mail and the control of	ries: List all banks or oth aintains funds.	ne number – optional) CITY ner depositories in whice	STATE A Telephone Number	ZIP CODE A